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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF TENNESSEE | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Cynthia First name D. Middle name Wiseman Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7337 | |

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| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 2330 Maxwell Lane, Lot 16 | If Debtor 2 lives at a different address: | | | |
| | | Sevierville, TN 37876 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Sevier | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| Par | t 2: Tell the Court About | our Ba | nkruptcy Ca | ase | | | |
|-----|---|---|----------------------------------|--|---|---|-------------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | ☐ Ch | apter 11 | | | | |
| | | ☐ Ch | apter 12 | | | | |
| | | | apter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | á | about how yo | ne entire fee when I file my petition. Please check with the clerk's office in your local court for more do you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mur attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check daddress. | | | |
| | | | | | | on, sign and attach the Application for Individuals | to Pay |
| | | | J | , | Official Form 103A). 2d (You may request this option | n only if you are filing for Chapter 7. By law, a jud | de may |
| | | k | out is not req applies to you | uired to, waive you ur family size and y | or fee, and may do so only if yo you are unable to pay the fee i | nur income is less than 150% of the official poverty n installments). If you choose this option, you must cial Form 103B) and file it with your petition. | y line that |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | |
| | iasi o years : | ⊔ Yes | District | | When | Case number | |
| | | | District | | | | |
| | | | District | | When | Case number Case number | |
| | | | District | | vviicii | Odde Humber | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | □ No. | Go to I | ine 12. | | | |
| | residence? | ■ Yes | Has yo | our landlord obtaine | ed an eviction judgment agains | et you? | |
| | | . 50 | | No. Go to line 12. | | | |
| | | | _ | | | Judgment Against Vou (Form 101A) and file it with | h thic |
| | | | | bankruptcy petitio | | Judgment Against You (Form 101A) and file it wit | 11 111115 |

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| Par | t 3: Report About Any Bu | sinesses \ | ou Own | as a Sole Propriet | for | | |
|-----|---|---|--|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | ousiness you operate as an individual, and is not a separate legal entity such as a corporation, | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | e & ZIP Code | | |
| | it to this petition. | iliu allacii | | Check the appropriate box to describe your business: | | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Dor | Poport if You Own or | Have Any | Hozordo | us Proporty or An | y Property That Needs Immediate Attention | | |
| Par | Do you own or have any | | пагагис | ous Property of Ang | y Property That Needs infinediate Attention | | |
| 14. | property that poses or is | ■ No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Cynthia D. Wiseman

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Main Document Debtor 1 Cynthia D. Wiseman Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cynthia D. Wiseman Signature of Debtor 2

Executed on

MM / DD / YYYY

Cynthia D. Wiseman Signature of Debtor 1

> June 12, 2019 MM / DD / YYYY

Executed on

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Debtor 1 Cynthia D. Wiseman

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ C. Dan Scott | Date | June 12, 2019 |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| C. Dan Scott 010295 | | |
| Printed name | | |
| Scott Law Group, PC | | |
| Firm name | | |
| P.O. Box 547 | | |
| Seymour, TN 37865-0547 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (865)246-1050 | Email address | dan@scottlawgroup.com |
| 010295 TN | | |
| Bar number & State | | |

| Fill in this information to identify | your case: | | | |
|---|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Debtor 1 Cynthia D. W | iseman Middle Name | Last Name | | |
| Debtor 2 | Middle Name | Last Name | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for t | he: EASTERN DISTRICT OF | FTENNESSEE | | |
| Case number | | | | |
| (if known) | | | - | Check if this is an |
| | | | | amended filing |
| Official Form 107 | | | | |
| Statement of Financia | al Affairs for Indivi | duals Filing for B | ankruntov | 4/19 |
| | | | | |
| Be as complete and accurate as point information. If more space is need | led, attach a separate sheet to | | | |
| number (if known). Answer every o | question. | | | |
| Part 1: Give Details About You | Marital Status and Where You | u Lived Before | | |
| 1. What is your current marital s | tatus? | | | |
| ☐ Married | | | | |
| ■ Not married | | | | |
| | | | | |
| 2. During the last 3 years, have y | ou lived anywhere other than | where you live now? | | |
| No | | | | |
| Yes. List all of the places y | ou lived in the last 3 years. Do n | ot include where you live now | I. | |
| Debtor 1 Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | Idress: | Dates Debtor 2 |
| | lived there | | | lived there |
| 3. Within the last 8 years, did yo states and territories include Arizona | | | | |
| | , Camornia, radno, Eddiciana, re | rada, rion moxido, r dono ri | roo, roxao, rraomington ana t | , vice on on in |
| No No Mala anno 611 and | Oak a dala III Waxaa Oa dakkaa (O | W! - F 400) | | |
| ☐ Yes. Make sure you fill out | Schedule H: Your Codebtors (C | official Form 106H). | | |
| Part 2 Explain the Sources of | Your Income | | | |
| 4. Did you have any income fron | e employment or from operation | na a husiness durina this w | ear or the two previous cale | andar voars? |
| Fill in the total amount of income | e you received from all jobs and | all businesses, including part- | -time activities. | ilidai yeais: |
| If you are filing a joint case and | you have income that you receive | e together, list it only once ur | nder Debtor 1. | |
| □ No | | | | |
| Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income | Gross income | Sources of income | Gross income |
| | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| From January 1 of current year ur | ntil | \$6,453.36 | ☐ Wages, commissions, | , |
| the date you filed for bankruptcy: | bonuses, tips | ψο, 100100 | bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| Fau last color der vers | — | 40F 000 C | п | |
| For last calendar year: (January 1 to December 31, 2018) | ☐ Wages, commissions, bonuses, tips | \$25,022.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| Official Form 107 | , , | fairs for Individuals Filing for B | | page ' |

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Debtor 1 Cynthia D. Wiseman

| | | | | Debtor 1 | | Debtor 2 | | |
|------|--|--|--|--|--|--|----------------------------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$22,616.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | Include includ | come regard public benef If you are fili | less of wheth it payments; ng a joint cas he gross inco | e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat | amples of other income are a est; dividends; money collec- you received together, list it co | limony; child supp ted from lawsuits; only once under De | royalties; and ebtor 1. | ecurity, unemployment d gambling and lottery |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pari | 3: List | t Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | |
| | Are eithe i □ No. | Neither De | ebtor 1 nor Dorimarily for a | s debts primarily consumer ebtor 2 has primarily consu- personal, family, or househol re you filed for bankruptcy, di | imer debts. Consumer debt d purpose." | | | (8) as "incurred by an |
| | | □ No. | Go to line 7 | | a you pay any ordanor a tota | 101 40,020 01 1110 | | |
| | | □ Yes | List below e paid that cre not include | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/22 and every 3 years | its for domestic support oblig his bankruptcy case. | ations, such as ch | nild support ar | nd alimony. Also, do |
| | Yes. | | | r both have primarily consure you filed for bankruptcy, di | | I of \$600 or more? | , | |
| | | □ No. | Go to line 7 | | | | | |
| | | | | | | | | |
| | | ■ Yes | List below e | each creditor to whom you pai ments for domestic support o this bankruptcy case. | | | | |
| | Creditor | _ | List below e include pay attorney for | each creditor to whom you pai ments for domestic support o | bligations, such as child supp | | Álso, do not ir | |

☐ Loan Repayment ☐ Suppliers or vendors ■ Other Mobile Home Case 3:19-bk-31866-SHB Doc 1 Filed 06/12/19 Entered 06/12/19 11:49:48 Desc Page 10 of 57
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| 7. | Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. The alimony. | artners; relatives of any ger n control, or owner of 20% of | neral partners; partners or more of their voting | erships of which yo g securities; and a | u are a genera ny managing a | al partner; corporations gent, including one for |
|-----|--|--|--|--|---------------------------------|---|
| | No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | | this payment |
| | | | paid | still owe | Include cred | litor's name |
| Par | t 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title | Nature of the case | Court or agency | | Status of th | ie case |
| | Case number | | | | | |
| | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. | | erty repossessed, f | oreclosed, garnis | shed, attached | d, seized, or levied? |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | d | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | e creditor took | | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possess | taker | | efit of creditors, a |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| | Within 2 years before you filed for bankrup | otcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? |
| | ■ No□ Yes. Fill in the details for each gift. | | | | | |
| | ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| | | | | | | |

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| | | Main Document | raue II ul Ji |
|----------|--------------------|---------------|-----------------------|
| Debtor 1 | Cynthia D. Wiseman | | Case number (if known |

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ■ Yes. Fill in the details for each gift or contribution. | | | | | | |
|-----|--|------------------------------|--|---------------|---|--------------------------|--|
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | | Dates you contributed | Value | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | iptcy or | since you filed for bankruptcy, did y | ou lose anytl | ning because of the | ft, fire, other disaster | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lost the amount that insurance has paid. Lost claims on line 33 of Schedule A/B: | ist pending | Date of your loss | Value of property lost | |
| Par | t 7: List Certain Payments or Transfer | s | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | Description and value of any prop | a with a | Data naumant | Amount of | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | ′ ou | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment | |
| | Scott Law Group PC P.O. Box 547 Seymour, TN 37865 Dale Couch | | | | 05/17/2019 | \$125.00 | |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | r to make payments to your creditor | | r transfer any prope | rty to anyone who | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | | Description and value of any propertransferred | erty | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for banks transferred in the ordinary course of you Include both outright transfers and transfers include gifts and transfers that you have also | u r busin s made a | ess or financial affairs? as security (such as the granting of a se | | | | |
| | No The state of th | | | | | | |
| | Yes. Fill in the details. | | December and I (| D " | | Data taa | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made | |
| | Person's relationship to you | | | | | | |

| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
|--|--|--|-----------------|--------------|--|-------|---|--|
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | _ | ate Transfer was | |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and S | torage Unit | s | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for you sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit u houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | | |
| | | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | ı | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other deposit, or other valuables? No Yes, Fill in the details. | | | | | sitor | y for securities, | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | | Do you still have it? | |
| 22. | Have you stored property in a storage unit or ■ No □ Yes. Fill in the details. | place other than your | home within 1 | l year befor | e you filed for bankrup | tcy? | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | | cribe the contents | | Do you still have it? | |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Else | | | | | | |
| 23. | Do you hold or control any property that some for someone. No Yes. Fill in the details. | eone else owns? Inclu | ide any propei | rty you borr | owed from, are storing | for, | or hold in trust | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value | |
| Par | t 10: Give Details About Environmental Infor | mation | | | | | | |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | | | |
|--|---|--|----------|--|-----------------------------------|-----------------------------------|--------------------|--|--|--|--|
| | ■ No □ Yes. F | ill in the details | | | | | | | | | |
| | Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice | | | | | | | | | | |
| | | lumber, Street, City, State and ZIP Code) | | Address (Number, Street, City, State an ZIP Code) | nd | know it | Date of Hotice | | | | |
| 25. | i. Have you notified any governmental unit of any release of hazardous material? | | | | | | | | | | |
| | ■ No □ Yes. F | ill in the details. | | | | | | | | | |
| | Name of s Address (r | ite Jumber, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Have you b | een a party in any judicial or adı | lminist | trative proceeding under any env | /ironi | mental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. F | ill in the details. | | | | | | | | | |
| | Case Title Case Number | | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | | |
| Par | 11: Give | Details About Your Business or | r Conn | ections to Any Business | | | | | | | |
| 27. | Within 4 ye | ars before you filed for bankrup | otcy, d | id you own a business or have a | ny of | the following connections to any | business? | | | | |
| | ☐ A s | ole proprietor or self-employed | in a tr | ade, profession, or other activity | , eith | er full-time or part-time | | | | | |
| | □An | nember of a limited liability comp | pany (| (LLC) or limited liability partnersl | hip (L | LP) | | | | | |
| | □Ар | artner in a partnership | | | | | | | | | |
| | ☐ An | officer, director, or managing ex | xecuti | ve of a corporation | | | | | | | |
| | ☐ An | owner of at least 5% of the votin | ng or e | equity securities of a corporation | 1 | | | | | | |
| | ■ No. No | one of the above applies. Go to | Part 1 | 2. | | | | | | | |
| | ☐ Yes. C | heck all that apply above and fil | ll in th | e details below for each busines | s. | | | | | | |
| | Business | Name | Des | cribe the nature of the business | | Employer Identification number | | | | | |
| | Address (Number, Stre | et, City, State and ZIP Code) | Nan | ne of accountant or bookkeeper | | Do not include Social Security r | number or ITIN. | | | | |
| | | | | | | Dates business existed | | | | | |
| 28. | | ars before you filed for bankrup , creditors, or other parties. | otcy, d | id you give a financial statement | to aı | nyone about your business? Inclu | de all financial | | | | |
| | No | | | | | | | | | | |
| | ☐ Yes. F | ill in the details below. | | | | | | | | | |
| | Name Date Issued Address (Number, Street, City, State and ZIP Code) | | | | | | | | | | |
| | | | | | | | | | | | |

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| Part 12: Sign Below | | |
|---|--|--|
| are true and correct. I understand that | ment of Financial Affairs and any attachments, and I de t making a false statement, concealing property, or obt ines up to \$250,000, or imprisonment for up to 20 years | taining money or property by fraud in connection |
| /s/ Cynthia D. Wiseman | | |
| Cynthia D. Wiseman | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date June 12, 2019 | Date | |
| Did you attach additional pages to Yo | ur Statement of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did you pay or agree to pay someone | who is not an attorney to help you fill out bankruptcy t | forms? |
| ■ No | | |
| ☐ Yes. Name of Person . Attach | the Bankruptcy Petition Preparer's Notice, Declaration, and | d Signature (Official Form 119). |

| | Case 3:19-bk-31866-SHB Doc 1 Filed 06/12/19 Entered 06/12/2 | 19 11:49:48 | Desc |
|------|---|-------------|--------------------------|
| Fill | in this information to identify your case: | 1 | |
| Deb | otor 1 Cynthia D. Wiseman | | |
| | First Name Middle Name Last Name | | |
| | otor 2 suse if, filing) First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE | | |
| Cas | se number | | |
| | nown) | | k if this is an |
| | | _ amen | ided filing |
| | rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. 11: Summarize Your Assets | Your a | · |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | 35,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 4,955.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 39,955.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule | ule D \$ | 49,054.00 |

| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
|-----|--|----|-----------|
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 21,077.66 |
| | Your total liabilities | \$ | 70,131.66 |
| Par | Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,562.80 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | _ | 4.540.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

Copy your monthly expenses from line 22c of Schedule J.....

- 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

1,542.00

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

1,844.80

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case 3:19- | bk-318 | 366-SHB | Doc 1 Main F | | | /12/19 Page | Entered 17 of 57 | d 06/12/1 | .9 11:49: | 48 I | Desc |
|--|--|------------|---------------------------|---------------------------------------|--------------------------|------------|----------------|-------------------------|-----------------------------|--|------------|--------------------------------------|
| ill in thi | is information to | identify | your case and | | | 11-111 | F AUL. | 17 (11 .37 | | | | |
| ebtor 1 | Cynt | hia D. W | /iseman | | | | | | | | | |
| Nobtor O | First Na | ame | Mi | ddle Name | | L | ast Name | | | | | |
| ebtor 2 pouse, if f | iling) First Na | ame | Mi | ddle Name | | L | ast Name | | | | | |
| nited St | tates Bankruptcy | Court for | the: EASTER | N DISTR | ICT OF 1 | TENNES | SEE | | | | | |
| ase nur | mber | | | | | | | | | | □ Ch | neck if this is ar |
| | | | | | | | | | | | | nended filing |
| each cat ink it fits formation | edule A/l tegory, separately best. Be as comp n. If more space is | B: Pr | coperty escribe items. Li | ible. If two | married | people a | re filing tog | ether, both ar | e equally resp | onsible for su | ipplying o | gory where you correct |
| swer ev | ery question. | | | | | | | | | | | |
| art 1: D | escribe Each Res | idence, Bu | ııldıng, Land, or | Other Rea | I Estate Y | ou Own | or Have an I | nterest In | | | | |
| Yes. Where is the property? 1 2330 Maxwell Lane Lot 16 Street address, if available, or other description | | Wha | Single-f Duplex Condon | family hon or multi-u minium or | nit building cooperative | | the amount | of any secure | d claims o | emptions. Put on Schedule D: ed by Property. | | |
| Say | /ierville | TN | 37876-0000 | _ | land | ictured or | mobile home |) | Current va | | | t value of the |
| City | /ICI VIIIC | State | ZIP Code | _ 📙 | <u>.</u> | nent prope | erty | | entire prop \$3 | serty? 35,000.00 | portio | n you own? \$35,000.0 |
| | | | | □ □ Who | Other | | the propert | y? Check one | (such as fe a life estat | ee simple, ten e), if known. | ancy by t | ership interest the entireties, o |
| Sev | dor. | | | | Debtor | , | | | Fee sim | ple (mobile | home |) |
| Coun | | | | _ 📙 | Debtor | • | otor 2 only | | | | | |
| | | | | | • | | e debtors an | d another | | c if this is com structions) | nmunity p | oroperty |
| | | | | Othe | er informa | ation you | wish to add | about this it | em, such as lo | cal | | |
| | | | | prop | erty iden | tification | number: | | | | | |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

other collections, memorabilia, collectibles

No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

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Case number (if known) Main Document Cynthia D. Wiseman

| | Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No □ Yes. Describe | |
|-----|--|---|
| | Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe | |
| | Wearing Apparel | \$300.00 |
| | Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g No ■ Yes. Describe | gold, silver |
| | Rings | \$100.00 |
| 14. | Non-farm animals Examples: Dogs, cats, birds, horses No Yes. Describe Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information | |
| | Sports and hobby equipment | \$50.00 |
| | Books and pictures | \$100.00 |
| | Office Equiment | \$100.00 |
| | Fixtures and equipment | \$200.00 |
| | . Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here | \$1,450.00 |
| | rt 4: Describe Your Financial Assets b you own or have any legal or equitable interest in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes | on |
| | Cash | \$100.00 |
| 7. | Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage has institutions. If you have multiple accounts with the same institution, list each. | nouses, and other similar |

☐ No

Debtor 1

| Debto | | k-31866-SHB Viseman | Doc 1 F Main Doc | | 2/19 Ente Page 20 of | | | Desc |
|----------------|---|---|---|-----------------------------------|--|-----------------------------------|---------------------|--------------------|
| | Yes | | In | stitution name: | | | | |
| | | 17.1. checking | j <u>B</u> | anCorp Ban | k | | | \$5.00 |
| | onds, mutual funds, o xamples: Bond funds, No | | | irms, money m | arket accounts | | | |
| | Yes | Institution o | r issuer name: | | | | | |
| | on-publicly traded sto int venture | ock and interests in | incorporated ar | nd unincorpor | rated businesse | es, including an i | nterest in an LLC | , partnership, and |
| | Yes. Give specific info | ormation about them. Name of entity: | | | | % of ownership | : | |
| ^ ^ | overnment and corpo egotiable instruments on-negotiable instrum No Yes. Give specific info | include personal che eents are those you ca ormation about them | cks, cashiers' che | ecks, promisso | ory notes, and m | oney orders. | | |
| | etirement or pension xamples: Interests in I | | 101(k), 403(b), thr | rift savings acc | counts, or other p | pension or profit-s | haring plans | |
| | Yes. List each accoun | t separately. Type of account: | In: | stitution name: | | | | |
| Y _E | curity deposits and pur share of all unused xamples: Agreements | d deposits you have i | made so that you iid rent, public util | may continue lities (electric, | service or use fr gas, water), tele | rom a company communications c | companies, or other | rs |
| ■ | No Yes | | In | stitution name | or individual: | | | |
| 23. A ı | nuities (A contract fo | or a periodic payment | of money to you, | either for life of | or for a number o | of years) | | |
| | | suer name and descr | iption. | | | | | |
| | erests in an education | | | ABLE progran | n, or under a qu | ıalified state tuiti | on program. | |
| | | stitution name and de | escription. Separa | itely file the red | cords of any inte | rests.11 U.S.C. § | 521(c): | |
| | | · | | n anything list | ted in line 1), ar | nd rights or powe | ers exercisable fo | r your benefit |
| 26. Pa | Yes. Give specific info stents, copyrights, tra examples: Internet dom No Yes. Give specific info | ademarks, trade sed nain names, websites | crets, and other i | | | ents | | |

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

 \square Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

| | Case 3:19-bk-31866-SHB | | /12/19 Entered 06/12/19 11 | :49:48 Desc |
|-----------------|--|----------------------------------|---|-------------------------------|
| Debtor 1 | Cynthia D. Wiseman | Main Document | Page 21 of 57 Case number (if known) | |
| 28. Tax | refunds owed to you | | | |
| ■ No | | | | |
| ⊔ Ye | s. Give specific information about them, | including whether you alread | dy filed the returns and the tax years | |
| | | | | |
| | i ly support mples: Past due or lump sum alimony is | spousal support child support | , maintenance, divorce settlement, property | settlement |
| ■ No | nproc. r dot ddo o'r idinip odin diiniony, o | pododi odpport, orina odpport | , maintenance, arreive detailment, property | oottioni |
| ☐ Ye | s. Give specific information | | | |
| | | | | |
| | r amounts someone owes you | ce navments, disability henefi | its, sick pay, vacation pay, workers' compen | sation Social Security |
| ZXu | benefits; unpaid loans you made | | no, sion pay, vacation pay, womens compen | isation, coolar coounty |
| ■ No | | | | |
| ⊔ Ye | s. Give specific information | | | |
| | ests in insurance policies | o: hoolth covings account (US | SA); credit, homeowner's, or renter's insuran | 00 |
| □ No | • | e, neatti savings account (i ic | 5A), Greatt, Homeowner's, or renter's insuran | c c |
| ■ Ye | s. Name the insurance company of each | | | |
| | Company nam | e: | Beneficiary: | Surrender or refund value: |
| | 1 W - In | T | | \$500.00 |
| | Life Insuran | ce rerm | | \$500.00 |
| ■ No □ Ye | s. Give specific information ns against third parties, whether or n | | | |
| ■ No | mples: Accidents, employment disputes | , insurance claims, or rights to | o sue | |
| ☐ Ye | s. Describe each claim | | | |
| 34. Othe | | of every nature, including | counterclaims of the debtor and rights to | set off claims |
| | s. Describe each claim | | | |
| ` | financial assets you did not already l | ist | | |
| ■ No | s. Give specific information | | | |
| | | | | |
| | d the dollar value of all of your entries Part 4. Write that number here | | | \$605.00 |
| | | | L | |
| Part 5: | Describe Any Business-Related Property Y | ou Own or Have an Interest In. | List any real estate in Part 1. | |
| | u own or have any legal or equitable intere | est in any business-related prop | perty? | |
| _ | Go to Part 6. Go to line 38. | | | |
| □ res | Go to line 36. | | | |
| | Describe Any Farm- and Commercial Fishi f you own or have an interest in farmland, list | | or Have an Interest In. | |
| 46. Do y | ou own or have any legal or equitable | e interest in any farm- or co | mmercial fishing-related property? | |
| _ | o. Go to Part 7. | | | |
| 111 | es. Go to line 47 | | | |

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Debtor 1 Cynthia D. Wiseman

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$35,000.00 56. Part 2: Total vehicles, line 5 \$2,900.00 57. Part 3: Total personal and household items, line 15 \$1,450.00 Part 4: Total financial assets, line 36 \$605.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$4,955.00 Copy personal property total \$4,955.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$39,955.00

Official Form 106A/B Schedule A/B: Property page 6 Case 3:19-bk-31866-SHB Doc 1 Filed 06/12/19 Entered 06/12/19 11:49:48 Des

| ation to identify your | case: | | | |
|------------------------|-----------------------------|--|--|--|
| Cynthia D. Wisem | nan | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| cruptcy Court for the: | EASTERN DISTRICT C | F TENNESSEE | | |
| | | | | ☐ Check if this is an amended filing |
| | Cynthia D. Wisem First Name | Cynthia D. Wiseman First Name Middle Name First Name Middle Name | Cynthia D. Wiseman First Name Middle Name Last Name First Name Middle Name Last Name | Cynthia D. Wiseman First Name Middle Name Last Name First Name Middle Name Last Name |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Which set of exemptions are you claiming? Check one only, even if your spouse is filing |
|---|
|---|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | own Le from Check only one box for each exemption. | | Specific laws that allow exemption |
|---|--------------------------------------|---|---|------------------------------------|
| | Copy the value from Schedule A/B | | | |
| 2330 Maxwell Lane Lot 16 Sevierville, TN 37876 Sevier County | \$35,000.00 | | \$0.00 | Tenn. Code Ann. § 26-2-301 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2007 Chevy Equinox 185,000 miles Line from Schedule A/B: 3.1 | \$2,900.00 | | \$1,794.00 | Tenn. Code Ann. § 26-2-103 |
| Ellie Holli Gonedale A.E. G.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Furniture Line from Schedule A/B: 6.1 | \$300.00 | | \$300.00 | Tenn. Code Ann. § 26-2-103 |
| Line Holli Schedule A.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Appliances Line from Schedule A/B: 6.2 | \$200.00 | | \$200.00 | Tenn. Code Ann. § 26-2-103 |
| Line Horr Scriedule AVB. 0.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Stereo Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| LINE HOLLI SOLIEGULE AV.D. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| υe | eptor 1 Cynthia D. Wiseman | | | Case number (if known) | |
|----|--|--------------------------------------|--------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Wearing Apparel Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | Tenn. Code Ann. § 26-2-103 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Rings Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Sports and hobby equipment Line from Schedule A/B: 14.1 | \$50.00 | | \$50.00 | Tenn. Code Ann. § 26-2-103 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Books and pictures Line from Schedule A/B: 14.2 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| | Ellic Holli Genedale 745. 14.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Office Equiment Line from Schedule A/B: 14.3 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| | Zine nom concedure 702. | | | 100% of fair market value, up to any applicable statutory limit | |
| | Fixtures and equipment Line from Schedule A/B: 14.4 | \$200.00 | | \$200.00 | Tenn. Code Ann. § 26-2-103 |
| | Ellic Holli Genedale 745. 1414 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | Tenn. Code Ann. § 26-2-103 |
| | Ellic Holli Genedale 745. 1411 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Life Insurance Term Line from Schedule A/B: 31.1 | \$500.00 | | \$500.00 | Tenn. Code Ann. § 26-2-103 |
| | Zine nom concada 702. c m. | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustmen | nt.) |
| | ■ No | | | 045 | |
| | Yes. Did you acquire the property cover No | red by the exemption wi | thin 1 | ,215 days before you filed this case? | ! |
| | ☐ Yes | | | | |

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| - Case C | 9:10 BK 01000 | Main Document | Page 2 | 25 of 57 | | .1.40.40 | D 000 |
|--|--------------------------|--|--------------|--|----------|---------------|-----------------------|
| Fill in this informa | tion to identify you | r case: | | | | | |
| Debtor 1 | Cynthia D. Wise | man | | | | | |
| | First Name | Middle Name Last | Name | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last | Name | | | | |
| | | | | | | | |
| United States Bank | ruptcy Court for the: | EASTERN DISTRICT OF TENNESS | EE | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | _ | if this is an |
| | | | | | | ameno | led filing |
| Official Form | 106D | | | | | | |
| | | Who Have Claims Sec | harur | hy Propert | ., | | 12/15 |
| | . Creditors | Wild Have claims sec | Jaica | by i topert | <u>y</u> | | 12/13 |
| | | f two married people are filing together, bo out, number the entries, and attach it to this | | | | | |
| I. Do any creditors ha | ave claims secured by | your property? | | | | | |
| □ No. Check the control of the c | nis box and submit th | is form to the court with your other scheo | dules. You | have nothing else t | o report | on this form. | |
| Yes. Fill in a | II of the information b | pelow. | | | | | |
| Part 1: List All S | Secured Claims | | | | | | |
| <u> </u> | | nore than one secured claim, list the creditor s | eparately | Column A | Column | ı B | Column C |
| for each claim. If more | e than one creditor has | a particular claim, list the other creditors in Pa | | Amount of claim | | of collateral | Unsecured |
| much as possible, list | the claims in alphabetic | al order according to the creditor's name. | | Do not deduct the value of collateral. | claim | pports this | portion If any |
| 2.1 Conn's Hon | nePlus | Describe the property that secures the cla | iim: _ | \$3,187.00 | | \$500.00 | \$2,687.00 |
| Creditor's Name | | Furniture | | | | | |
| Attn: Bankr | untcy Dent | | | | | | |
| Po Box 235 | | As of the date you file, the claim is: Check a | all that | | | | |
| Beaumont, | TX 77704 | apply. Contingent | | | | | |
| Number, Street, C | ity, State & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only | | ■ An agreement you made (such as mortga | ige or secur | red | | | |
| Debtor 2 only | | car loan) | | | | | |
| ☐ Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, mechanic | 's lien) | | | | |
| ☐ At least one of the | debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| ☐ Check if this clair community debt | | Other (including a right to offset) | | | | | |
| | Opened | | | | | | |
| | 02/17 Last Active | | | | | | |

6630

Last 4 digits of account number

Date debt was incurred 6/30/18

| Debtor 1 Cynthia D. Wiseman | | Case number (if known) | | |
|---|--|------------------------|-------------|------------|
| First Name Middle N | lame Last Name | | | |
| Superior Financial Services, Inc. | Describe the property that secures the claim: | \$1,105.00 | \$500.00 | \$605.00 |
| Creditor's Name | household goods | | | |
| 1190 E Andrew Johnson Highway Greeneville, TN 37745 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or se car loan) | cured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred09/2019 | Last 4 digits of account number 0002 | | | |
| 2.3 Vanderbilt Mortgage | Describe the property that secures the claim: | \$42,968.00 | \$35,000.00 | \$7,968.00 |
| Creditor's Name | 2330 Maxwell Lane Lot 16 Sevierville, TN 37876 Sevier County | | | |
| Attn: Bankruptcy Po Box 9800 Maryville, TN 37802 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or se car loan) | cured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 06/16 Last Active Date debt was incurred 4/26/19 | Last 4 digits of account number 0042 | | | |

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| Deb | ebtor 1 Cynthia D. Wiseman | | | Case number (if known) | | | | |
|------|--|---|--|------------------------|------------|--------|--|--|
| | First Name | Middle N | Name Last Name | | | | | |
| 2.4 | World Acceptance/Fi Corp | inance | Describe the property that secures the claim | n: \$1,794.00 | \$2,900.00 | \$0.00 | | |
| | Creditor's Name | | 2007 Chevy Equinox 185,000 miles | - | | | | |
| | Attn: Bankrup Po Box 6429 Greenville, SC | 29606 | As of the date you file, the claim is: Check all tapply. Contingent | hat | | | | |
| Who | Number, Street, City, S owes the debt? C | · | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | | | |
| _ | ebtor 1 only ebtor 2 only | | An agreement you made (such as mortgage car loan) | or secured | | | | |
| | Debtor 1 and Debtor 2 | , | ☐ Statutory lien (such as tax lien, mechanic's I☐ Judgment lien from a lawsuit | ien) | | | | |
| | check if this claim re | elates to a | Other (including a right to offset) | | | | | |
| Date | debt was incurred | Opened 04/19 Last Active 4/30/19 | Last 4 digits of account number2 | 401 | | | | |
| hΔ | d the dollar value of | f vour entries in (| Column A on this page. Write that number here | : \$49,054 | | | | |
| If t | | of your form, add | I the dollar value totals from all pages. | \$49,054 | | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|--|---------------------------------------|---|-----------------------------|
| Fill in this info | rmation to identify your | | |
| Debtor 1 | Cynthia D. Wisem | an | |
| 20010. | First Name | Middle Name Last Name | |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT OF TENNESSEE | |
| Case number | | | |
| (if known) | | | Check if this is an |
| | | | amended filing |
| Official For | m 106F/F | | |
| | | ho Have Unsecured Claims | 12/15 |
| | | e Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY c | |
| Schedule D: Cred eft. Attach the Co name and case no | litors Who Have Claims Sec | ired Leases (Official Form 106G). Do not include any creditors with partially secured clair ured by Property. If more space is needed, copy the Part you need, fill it out, number the e. If you have no information to report in a Part, do not file that Part. On the top of any ad | entries in the boxes on the |
| | itors have priority unsecure | | |
| No. Go to | . , | | |
| ☐ Yes. | Tuit Z. | | |
| — 163. | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | |
| 3. Do any credi | tors have nonpriority unsec | eured claims against you? | |
| ☐ No. You h | ave nothing to report in this p | art. Submit this form to the court with your other schedules. | |
| Yes. | | | |
| 4. List all of vo | ur nonpriority unsecured cl | aims in the alphabetical order of the creditor who holds each claim. If a creditor has more t | han one nonpriority |
| unsecured cla | aim, list the creditor separately | of or each claim. For each claim listed, identify what type of claim it is. Do not list claims already st the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out t | included in Part 1. If more |
| Part 2. | alloi fiolos a particular cialifi, il | st the other deditors in Fart 3.11 you have more than three nonphonty unsecured claims ill out t | ne Continuation Fage of |
| | | | Total claim |
| | ecurity Services | Last 4 digits of account number 3135 | \$450.00 |
| • | rity Creditor's Name | When was the debt incurred? | |
| Dallas | , TX 75265-0485 | | |
| | Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| _ | curred the debt? Check one. | _ | |
| | or 1 only | Contingent | |
| ☐ Debte | · | Unliquidated | |
| | or 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ast one of the debtors and and | | |
| ☐ Chec debt | ck if this claim is for a com | nunity ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did no | yt. |
| Is the cl | aim subject to offset? | report as priority claims | |
| ■ No | | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| Πyes | | Other Specify alarm system | |

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Page 29 of 57 Case number (if known) Main Document Debtor 1 Cynthia D. Wiseman 4.2 \$550.00 Advance America Last 4 digits of account number 3431 Nonpriority Creditor's Name 704 Winnfield Dunn Parkway When was the debt incurred? 11/29/2018 Sevierville, TN 37876 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify cash advance ☐ Yes 4.3 **Advance Financial** Last 4 digits of account number 8482 \$1,150.39 Nonpriority Creditor's Name 163 Winfield Dunn Parkway When was the debt incurred? Sevierville, TN 37862 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Flex Loan 4.4 Affirm Inc Last 4 digits of account number **GPIQ** \$253.00 Nonpriority Creditor's Name Affirm Incorporated Opened 06/17 Last Active Po Box 720 When was the debt incurred? 9/01/17 San Francisco, CA 94104 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans

■ No

☐ Yes

report as priority claims

■ Other. Specify Unsecured

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Po Box 720 When was the debt incurred? 9/15/17 San Francisco, CA 94104 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

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Nonpriority Creditor's Name Affirm Incorporated Opened 07/17 Last Active Po Box 720 When was the debt incurred? 9/15/17 San Francisco, CA 94104 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Unsecured

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Page 32 of 57 Case number (if known) Main Document Debtor 1 Cynthia D. Wiseman 4.1 \$406.00 AFNI, Inc. 2767 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 02/19** PO Box 3427 Bloomington, IL 61702 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Directv ☐ Yes 4.1 **Badcock Corp** 1142 \$3,665.00 Last 4 digits of account number Nonpriority Creditor's Name 119 W Broadway Blvd Suite 2 02/2016 When was the debt incurred? Jefferson City, TN 37760-2420 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge account ☐ Yes 4.1 Capital One 1801 \$504.00 3 Last 4 digits of account number Nonpriority Creditor's Name Opened 03/16 Last Active Attn: Bankruptcy PO Box 30285 When was the debt incurred? 9/01/17 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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| 4.1 | Cash Express | Last 4 digits of account number | 8715 | \$584.23 |
|-----|--|--|--|------------|
| | Nonpriority Creditor's Name 345 South Jefferson Avenue Suite 300 | When was the debt incurred? | 12/04/2018 | |
| | Cookeville, TN 38501 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | Jalaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | i ciaim: | |
| | ☐ Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Flex Loan | | |
| 4.1 | Cheadle Law | Last 4 digits of account number | 3510 | \$1,645.23 |
| | Nonpriority Creditor's Name 2404 Crestmoor Road Nashville, TN 37215 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Advance Fi | nancial Services, LLC dba nancial | |
| 4.1 | Covenant Medical Group | Last 4 digits of account number | 9099 | \$55.00 |
| | Nonpriority Creditor's Name P.O. Box 59065 | When was the debt incurred? | | |
| | Knoxville, TN 37950-9065 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |

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| 4.1 7 | Dayspring Family Care | Last 4 digits of account number | 1018 | \$40.00 | | | |
|----------|--|---|--|----------|--|--|--|
| | Nonpriority Creditor's Name P.O. Box 14000 Belfast, ME 04915-4033 | When was the debt incurred? | 10/03/2018 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify medical | | | | | |
| 4.1 | Financial Data Systems | Last 4 digits of account number | 4518 | \$30.00 | | | |
| <u> </u> | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 688 | When was the debt incurred? | Opened 10/15 Last Active 3/31/16 | | | | |
| | Wrightsville Beach, NC 28480 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Collection Services | Attorney Innovative Pathology | | | | |
| 4.1 | Fingerhut | Last 4 digits of account number | 1198 | \$142.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 6250 Ridgewood Rd Saint Cloud, MN 56303 | When was the debt incurred? | Opened 11/18 Last Active 12/27/18 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Installment | Sales Contract | | | | |
| | | | | | | | |

| 0 | FIRST Access | Last 4 digits of account number | 0017 | \$200.02 |
|----------|---|--|--|----------|
| | Nonpriority Creditor's Name P.O. Box 5220 | When was the debt incurred? | 11/08/2018 | |
| | Sioux Falls, SD 57117-5220 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | VISA | |
| 4.2 1 | First Premier Bank | Last 4 digits of account number | 6167 | \$671.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 | When was the debt incurred? | Opened 03/17 Last Active 7/18/17 | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 4.2 | Franklin Collection Service, Inc. | | 9297 | \$278.00 |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | | φ270.00 |
| | Attn: Bankruptcy Po Box 3910 | When was the debt incurred? | Opened 12/18 | |
| | Tupelo, MS 38803 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane and other cimiles dele- | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Collection | Attorney At T | |

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Page 36 of 57 Case number (if known) Debtor 1 Cynthia D. Wiseman 4.2 2516 \$792.00 I C System Inc Last 4 digits of account number 3 Nonpriority Creditor's Name Po Box 64378 When was the debt incurred? **Opened 08/18** Saint Paul, MN 55164 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney American** ☐ Yes Other. Specify Anesthesiology Of Ten 4.2 **Indigo Card** \$336.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 23039 02/05/2917 When was the debt incurred? Columbus, GA 31902 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit car ☐ Yes 4.2 **LeConte Medical Center** 0610 \$389.32 Last 4 digits of account number Nonpriority Creditor's Name Dept 888542 When was the debt incurred? Knoxville, TN 37995 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify medical

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| 4.2 6 | LVNV Funding/Resurgent Capital | Last 4 digits of account number | 0853 | \$1,744.00 |
|----------|--|--|--|------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497 | When was the debt incurred? | Opened 04/18 | |
| | Greenville, SC 29603 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify Factoring (Bank N.A. | Company Account Credit One | |
| 4.2 7 | MidAmerica Bank & Trust Company Nonpriority Creditor's Name | Last 4 digits of account number | 6017 | \$435.00 |
| | Attn: Bankruptcy 216 West Second St Dixon, MO 65459 | When was the debt incurred? | Opened 11/18 Last Active 1/24/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | Midnight Velvet | Last 4 digits of account number | 3290 | \$1,577.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 1112 7th Avenue | When was the debt incurred? | Opened 02/17 Last Active 9/29/17 | |
| | Monroe, WI 53566 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Charge Acc | | |
| | □ 169 | Other. Specify | | |

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Official Form 106 E/F

■ No
□ Yes

report as priority claims

■ Other. Specify Collection

 \square Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Nonpriority Creditor's Name Attn: Bankruptcv When was the debt incurred? **Opened 06/18** Po Box 888424 Atlanta, GA 30356 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Celtic Bank / Indigo ■ Other. Specify Mastercar ☐ Yes

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Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Leconte Medical Center ☐ Yes

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|----------|--|---|----------|
| Debtor | Cynthia D. Wiseman | Main Document Page 41 of 57 Case number (if known) | |
| 4.3 8 | Wakefield & Associates | Last 4 digits of account number 3907 | \$227.00 |
| | Nonpriority Creditor's Name Attn: bankruptcy 7005 Middlebrook Pike | When was the debt incurred? Opened 03/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Attorney Sevierville Bone Joint | |
| 4.3 | Wakefield & Associates | Last 4 digits of account number 3711 | \$204.00 |
| | Nonpriority Creditor's Name Attn: bankruptcy 7005 Middlebrook Pike Knoxville, TN 37909 | When was the debt incurred? Opened 06/17 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection Attorney Vista Radiology Pc | |
| 4.4 | Webbank/FrestStart | Last 4 digits of account number | \$142.00 |
| | Nonpriority Creditor's Name 12234 N Ih Sb Bldg B Austin, TX 78753 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

debt

■ No ☐ Yes ☐ Student loans

report as priority claims

Other. Specify

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Cynthia D. Wiseman

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----|---|--|---|---|
| 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| | | | | |
| 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total Claim |
| 6f. | Student loans | 6f. | \$ | 0.00 |
| | | | | |
| 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 21,077.66 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 21,077.66 |
| | 6b. 6c. 6d. 6e. 6f. 6g. 6h. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. | 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ 6b. \$ 6c. \$ 6c. \$ 6d. \$ 6d. \$ 6e. \$ 6e. \$ 6f. \$ 6g. \$ 6g. \$ 6g. \$ 6h. \$ |

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| | | IVIIIIIIIIII | 1100 | |
|---------------------|--------------------------|--------------------|-------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Cynthia D. Wisen | nan | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | EASTERN DISTRICT C | F TENNESSEE | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Paul Maxwell 2457 McCleary Road Sevierville, TN 37876 | Mobile Home Lot Month to Month |

Case 3:19-bk-31866-SHB Doc 1 Filed 06/12/19 Entered 06/12/19 11:49:48 Desc

| ` | 0.10 BK 01000 | Main Docu | ment Page 4 | 1 of 57 | 11.40.40 0000 |
|------------------------------|--|-------------------------------|-------------------------|---|---|
| Fill in this | information to identify your | | IIII.III | 4 (11 .) / | |
| Debtor 1 | Cynthia D. Wisen | nan | | | |
| 5 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT C | OF TENNESSEE | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| | l Form 106H Iule H: Your Cod | ebtors | | | 12/15 |
| our name | e and case number (if known) you have any codebtors? (If | . Answer every question | | | of any Additional Pages, write |
| ■ No □ Yes | S | | | | |
| | hin the last 8 years, have you na, California, Idaho, Louisiana | | | | states and territories include |
| | . Go to line 3. s. Did your spouse, former spor | use, or legal equivalent live | e with you at the time? | | |
| in line Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cred Check all schedules | ditor to whom you owe the debt sthat apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lir | |
| <u>-</u> | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lir | ne |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | | |

| Fill | in this information to identify you | r case: | | | | | | | | |
|--------------------|---|--|--|-----------------------|----------------|---------------------|------------------------|---------------------------|------------------------------------|--------------|
| Del | btor 1 Cynthia D | . Wiseman | | | _ | | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for t | he: EASTERN DISTRICT | OF TENNESSEE | | _ | | | | | |
| | se number | | - | | | | | ed filing ent showing | g postpetition cl llowing date: | hapter |
| 0 | fficial Form 106I | | | | | Ī | 1M / DD/ Y | YYY | | |
| S | chedule I: Your In | come | | | | | | | | 12/15 |
| sup spo atta | as complete and accurate as populying correct information. If youse. If you are separated and youch a separate sheet to this form | ou are married and not fili our spouse is not filing w n. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i de inforr | s liv natio | ing with on abou | you, incluted your spo | ude inform ouse. If mo | nation about yerre space is ne | our eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fil | ing spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Sales Clerk | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Karm Thrift Sto | re LLC | | | | | | |
| | Occupation may include studer or homemaker, if it applies. | Employer's address | 10612 Kingston Knoxville, TN 3 | | | | | | | |
| | | How long employed t | here? 5 mont | hs | | | _ | | | _ |
| Pai | rt 2: Give Details About N | lonthly Income | | | | | | | | |
| | imate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to r | eport for | any l | line, write | e \$0 in the | space. Incl | lude your non-f | iling |
| | ou or your non-filing spouse have e space, attach a separate sheet | | ombine the informatio | n for all e | mplo | oyers for | that perso | on on the lin | es below. If yo | u need |
| | | | | | | For Del | otor 1 | For Deb | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 1 | ,844.80 | \$ | N/A | |
| 3 | Estimate and list monthly over | ertime nav | | 3 | + \$ | | 0.00 | ⊥ \$ | N/A | |

1,844.80

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1 | Cynthia D. Wiseman | - | (| Case | number (if ki | nown) | — | | | |
|-----|--------------------|--|-----------|-----------|-----------------|---------------|--------------|-------------------------|--------------------------|-------------|--------------------|
| | | | | | | Debtor 1 | | no | or Debtor on-filing s | spouse | |
| | Cop | by line 4 here | 4. | | \$_ | 1,844 | 1.80 | . \$_ | | N/A | <u>\</u> |
| 5. | List | t all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 276 | 6.00 | \$ | | N/A | <u>\</u> |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$_ | (| 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$_ | (| 0.00 | . \$_ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$_ | | 0.00 | . \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | \$_ \$ | | 00.6 | \$_ | | N/A | _ |
| | 5f. 5g. | Domestic support obligations Union dues | 5f. 5g | | \$ _ | | 0.00 0.00 | . \$ __ \$ | | N/A N/A | _ |
| | 5h. | Other deductions. Specify: | |). 1.+ | _{\$} - | | 0.00 | | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ \$ | | 2.00 | \$ | | N/A | _ |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | · — \$ | 1,562 | | . · . \$ | | N/A | _ |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | · | | - | | | _ |
| | | monthly net income. | 8a | ì. | \$ | (| 0.00 | . \$ | | N/A | <u>\</u> |
| | 8b. | Interest and dividends | 8b |). | \$_ | (| 0.00 | . \$ | | N/A | <u>\</u> |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 |). | \$ | (| 0.00 | \$ | | N/A | 1 |
| | 8d. | Unemployment compensation | 80 | i. | \$_ | | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e | €. | \$ | (| 0.00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g | | \$_ | | 0.00 | . \$_ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$_ | (| 0.00 | + \$ | | N/A | <u>\</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 9 | S | (| 0.00 | \$_ | | N/ | Ά |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,562.80 | + \$ | | N/A | = \$ | 1,562.80 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | <u> </u> | | 1,002.00 | ľ | | | j L`- | 1,002.00 |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | • | | • | Schedul | e J. +\$ | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | | \$ | 1,562.80 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi | ined Ily income |
| | | No. | | | | | | | | | |

Schedule I: Your Income

page 2

Official Form 106I

| Eill | in this informa | ition to identify yo | nir casa: | | | | | |
|------------|----------------------------|---|---------------|---|---|------------------------------|--------------------------------------|--|
| | otor 1 | | | | | Chaol | r if this is. | |
| Dep | OLOT I | Cynthia D. W | riseman | | | | if this is: An amended filing | |
| 1 | otor 2 ouse, if filing) | | | | | | | ving postpetition chapter the following date: |
| `` | | | FAOTE | DN DIOTDIOT OF TENNE | 0055 | | · | |
| Unit | ted States Bankr | ruptcy Court for the: | EASTE | RN DISTRICT OF TENNE | SSEE | ľ | MM / DD / YYYY | |
| | se number nown) | | | | | | | |
| | | rm 106J | | | | | | |
| | | J: Your I | | | | | | 12/15 |
| info | ormation. If m | | eded, atta | . If two married people ard ch another sheet to this to n. | | | | |
| Par | | ribe Your House | hold | | | | | |
| 1. | Is this a joir No. Go to | | | | | | | |
| | | o line ∠. es Debtor 2 live i | n a separ | ate household? | | | | |
| | □ N □ Y | - | t file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debto | or 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | | penses include f people other th | han | No | | | | |
| | | d your depender | | Yes | | | | |
| Est exp | imate your ex | ate Your Ongoir openses as of your a date after the b | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | ou are using this fo lemental <i>Schedul</i> e | orm as a sup J, check the | plement in a Cha box at the top o | pter 13 case to report f the form and fill in the |
| the | | h assistance and | | government assistance if cluded it on <i>Schedule I:</i> Y | | | Your expe | enses |
| • | | , | | | | | | |
| 4. | | or home ownersl and any rent for the | | ses for your residence. In or lot. | nclude first mortgage | 4. \$ | | 180.00 |
| | If not includ | led in line 4: | | | | | | |
| | | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's maintenance, re | | | | 4b. \$ 4c. \$ | | 0.00 |
| | | owner's associati | | | | 4d. \$ | | 0.00 |
| 5. | Additional r | mortgage payme | ents for yo | our residence, such as hor | me equity loans | 5. \$ | | 430.00 |

| Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Gas Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services | 6a. 6b. 6c. 6d. 7. | \$ | 125.00 30.00 |
|---|--------------------------------|------------------------------|--------------------------|
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Gas Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning | 6b. 6c. 6d. 7. | \$ 5 | 30.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Gas Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning | 6c. 6d. 7. | \$ | |
| 6d. Other. Specify: Gas Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning | 6d. 7. | · | 10.00 |
| Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning | 7. | \$ | 10.00 |
| Childcare and children's education costs Clothing, laundry, and dry cleaning | | Ψ | 70.00 |
| Clothing, laundry, and dry cleaning | 8. | \$ | 125.00 |
| | | \$ | 0.00 |
| Personal care products and services | 9. | \$ | 20.00 |
| i cisoliai cale pioducis aliu scivices | 10. | \$ | 25.00 |
| Medical and dental expenses | 11. | \$ | 50.00 |
| Transportation. Include gas, maintenance, bus or train fare. | | | |
| Do not include car payments. | 12. | \$ | 125.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| Charitable contributions and religious donations | 14. | \$ | 0.00 |
| Insurance. | | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | | 50.00 |
| 15b. Health insurance | 15b. | \$ | 69.00 |
| 15c. Vehicle insurance | 15c. | \$ | 88.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| Specify: | 16. | \$ | 0.00 |
| Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 145.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | 19. | | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule | | ur Income. | |
| 20a. Mortgages on other property | 20a. | | 0.00 |
| 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| Other: Specify: | 21. | +\$ | 0.00 |
| Orlands to common with the common or | | | |
| Calculate your monthly expenses | | . | 4.540.00 |
| 22a. Add lines 4 through 21. | | \$ | 1,542.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,542.00 |
| Calculate your monthly net income. | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,562.80 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | · - | 1,542.00 |
| 200. Copy your morning expenses from the 220 above. | _55. | * | 1,342.00 |
| 23c. Subtract your monthly expenses from your monthly income. | | | |
| The result is your <i>monthly net income</i> . | 23c. | \$ | 20.80 |
| , , | 1 | | |
| Do you expect an increase or decrease in your expenses within the year after you fill For example, do you expect to finish paying for your car loan within the year or do you expect your mort modification to the terms of your mortgage? | l e this tgage p | form? payment to increase | or decrease because of a |
| _ | | | |
| ■ No. □ Yes Explain here: | | | |

| Fill in th | is information to identify y | our case: | | | |
|-------------|---------------------------------|--|------------------------------|-----------------------------|---|
| Debtor 1 | Cynthia D. Wi | seman | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | Mills N | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | | |
| United S | States Bankruptcy Court for the | he: EASTERN DISTRICT (| OF TENNESSEE | | |
| Case nu | mhor | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | | | | | |
| Officia | ll Form 106Dec | | | | |
| Decl | aration Abou | t an Individual | Debtor's Sc | hedules | 12/15 |
| | | | | | |
| If two ma | arried people are filing toge | ether, both are equally respo | onsible for supplying corr | ect information. | |
| V | | file head-worter, eek edule | | Malina a falsa atatamant | |
| | | ou file bankruptcy schedules and in connection with a ban | | | |
| | both. 18 U.S.C. §§ 152, 13 | | | ,,,,,, | |
| | | | | | |
| | a . a . | | | | |
| | Sign Below | | | | |
| | | | | | |
| Did | I you pay or agree to pay s | omeone who is NOT an atto | rney to help you till out be | ankruptcy forms? | |
| _ | No | | | | |
| _ | | | | | |
| | Yes. Name of person | | | | Petition Preparer's Notice, Signature (Official Form 119) |
| | | | | Deciaration, and C | signature (Official Form 119) |
| | | | | | |
| | | lare that I have read the sum | nmary and schedules filed | d with this declaration and | |
| tnat | they are true and correct. | | | | |
| Χ | /s/ Cynthia D. Wiseman | 1 | X | | |
| _ | Cynthia D. Wiseman | | Signature of I | Debtor 2 | |
| | Signature of Debtor 1 | | | | |
| | Date June 12, 2019 | | Date | | |
| | Julie 12, 2019 | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | er 7: | Liquidation |
|----------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| <u>+</u> | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Tennessee

| In re | Cynthia D. Wiseman | | Case No. | |
|-------|--------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

| Date: | June 12, 2019 | /s/ Cynthia D. Wiseman |
|-------|---------------|----------------------------------|
| | | Cynthia D. Wiseman |
| | | Signature of Debtor |
| Date: | June 12, 2019 | /s/ C. Dan Scott |
| | | Signature of Attorney |
| | | C. Dan Scott 010295 |
| | | Scott Law Group, PC |
| | | P.O. Box 547 |
| | | Seymour, TN 37865-0547 |
| | | (865)246-1050 Fax: (865)321-8378 |

ADT Security Services P.O. Box 650485 Dallas, TX 75265-0485

Advance America 704 Winnfield Dunn Parkway Sevierville, TN 37876

Advance Financial 163 Winfield Dunn Parkway Sevierville, TN 37862

Affirm Inc Affirm Incorporated Po Box 720 San Francisco, CA 94104

AFNI, Inc. Attn: Bankruptcy PO Box 3427 Bloomington, IL 61702

Badcock Corp 119 W Broadway Blvd Suite 2 Jefferson City, TN 37760-2420

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Cash Express 345 South Jefferson Avenue Suite 300 Cookeville, TN 38501

Cheadle Law 2404 Crestmoor Road Nashville, TN 37215

Conn's HomePlus Attn: Bankruptcy Dept Po Box 2358 Beaumont, TX 77704

Covenant Medical Group P.O. Box 59065 Knoxville, TN 37950-9065

Dayspring Family Care P.O. Box 14000 Belfast, ME 04915-4033

Financial Data Systems Attn: Bankruptcy Po Box 688 Wrightsville Beach, NC 28480

Fingerhut Attn: Bankruptcy 6250 Ridgewood Rd Saint Cloud, MN 56303

First Access
P.O. Box 5220
Sioux Falls, SD 57117-5220

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Franklin Collection Service, Inc. Attn: Bankruptcy Po Box 3910 Tupelo, MS 38803

I C System Inc Po Box 64378 Saint Paul, MN 55164

Indigo Card
P.O. Box 23039
Columbus, GA 31902

LeConte Medical Center Dept 888542 Knoxville, TN 37995

LVNV Funding/Resurgent Capital Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

MidAmerica Bank & Trust Company Attn: Bankruptcy 216 West Second St Dixon, MO 65459

Midnight Velvet Attn: Bankruptcy 1112 7th Avenue Monroe, WI 53566

Paul Maxwell 2457 McCleary Road Sevierville, TN 37876 Progressive Leasing 256 Data Drive Draper, UT 84020

SCA Collections P.O. Box 876 Greenville, NC 27835

Sevier Heart Center 1240 Meadows Blvd #1 Sevierville, TN 37876

Stoneberry P.O. Box 2820 Monroe, WI 53566-8020

Superior Financial Services, Inc. 1190 E Andrew Johnson Highway Greeneville, TN 37745

Trident Asset Management Attn: Bankruptcy Po Box 888424 Atlanta, GA 30356

Vanderbilt Mortgage Attn: Bankruptcy Po Box 9800 Maryville, TN 37802

Wakefield & Associates Attn: bankruptcy 7005 Middlebrook Pike Knoxville, TN 37909

Webbank/FrestStart 12234 N lh Sb Bldg B Austin, TX 78753

World Acceptance/Finance Corp Attn: Bankruptcy Po Box 6429 Greenville, SC 29606